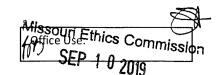


## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information Date: 09/06/19	\$1.566.据\$1.566.15.1566.15	
	Type:  New Amended (if amending, enter MEC ID COOC	0621 & section cha	nged 2, 3
2.	MO State Council of Fire Fighters PAC		
	Name of Committee 6320 Manchester Ave., Ste.42A, Kansas City	, MO 64133	(816 <sub>)</sub> 783-5446
	Committee Mailing Address, City, State, & Zip	Kansas City	Telephone Number
-•	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	County Clerk or Board of Election Commission  AC) Debt Service Explo	
3.	Treasurer/Deputy Treasurer Information Stephen Davis		ang itang Mariatanan Katasa
	Freasurer's Name (First & Last) 6320 Manchester #42A, KC, MO 64133	Treasurer's Email Address (optional)	(816 <sub>)</sub> 783-5446
	Treasurer's Mailing Address, City, State, & Zip  Demetrius Alfred  Deputy Treasurer's Name (if one appointed)	Treasurer's Home Telephone Number  Deputy Treasurer's Email Address (optional)	Treasurer's Work Telephone Number
	4271 Delor, St. Louis, MO 63116  Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	(314)574-5393 Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	想, 4000 (1500) 1000 (1000)	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected @Banjuation's Name (If any)	Connected Organization's Mailing Address, Ci	ty, State, & Zíp
_	CANDIDATES: Do you have more than one candidate committee?		
5.	Official Bank Account Information (required by all committees)	<b>美国一大节 500 年 500 年 500 年 500 年 500 日</b>	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section).	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees) - 📜 🦠 💮 💮 💮	
☑ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and a further acknowledge that I am aware that any false statement or declaration made herein is punishable under			
	Committee Treasurer	Candidate (Candidate Committees Only)	